



**Service of Process
Transmittal**

10/26/2020

CT Log Number 538454942

TO: Jean McPhee, Executive Admin Asst
Sun Life Financial
One Sun Life Executive Park, Mail Code SC1135
Wellesley Hills, MA 02481

RE: Process Served in Ohio

FOR: Sun Life Assurance Company of Canada (Domestic State: AB)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Paris Phillips, Pltff. vs. Sun Life Assurance Company of Canada, etc., Dft.

DOCUMENT(S) SERVED: -

COURT/AGENCY: None Specified
Case # A2003671

NATURE OF ACTION: Insurance Litigation

ON WHOM PROCESS WAS SERVED: C T Corporation System, Columbus, OH

DATE AND HOUR OF SERVICE: By Certified Mail on 10/26/2020 postmarked on 10/22/2020

JURISDICTION SERVED : Ohio

APPEARANCE OR ANSWER DUE: None Specified

ATTORNEY(S) / SENDER(S): None Specified

ACTION ITEMS: CT has retained the current log, Retain Date: 10/26/2020, Expected Purge Date: 10/31/2020

Image SOP

Email Notification, Jean McPhee jean.mcphee@sunlife.com

Email Notification, Joy Speranza joy.speranza@sunlife.com

Email Notification, Barbara Kinney barbara.kinney@sunlife.com

SIGNED: C T Corporation System
ADDRESS: 1209 N Orange St
Wilmington, DE 19801-1120

For Questions: 866-401-8252
EastTeam2@wolterskluwer.com

AFTAB PUREVAL
1000 MAIN STREET ROOM 315
CINCINNATI OH 45202
COMMON PLEAS CIVIL
A 2003671 D 1

Case: 1:20-cv-00937-DRC Doc #: 1-1 Filed: 11/17/20 Page: 2 of 11 PAGEID #: 6

CERTIFIED MAIL

neopost

10/22/2020

US POSTAGE

\$006.65

FIRST-CLASS MAIL



ZIP 45202
041L12204677



7194 5168 6310 0928 5508

10/22/2020 SUMMONS & COMPLAINT
SUN LIFE ASSURANCE COMPANY OF
CANADA
SERVE CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY STE 125
COLUMBUS OH 43219

Cincinnati, Ohio #2 P&B 452 ZIP



COPY

COURT OF COMMON PLEAS
HAMILTON COUNTY, OHIO

PARIS PHILLIPS
PLAINTIFF

-- VS --

SUN LIFE ASSURANCE COMPANY OF
DEFENDANT

Use below number on
all future pleadings

No. A 2003671
SUMMONS

SUN LIFE ASSURANCE COMPANY OF CANADA
SERVE CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY STE 125
COLUMBUS OH 43219

D - 1

You are notified
that you have been named Defendant(s) in a complaint filed by

PARIS PHILLIPS
7383 COMMONWEALTH DRIVE
CINCINNATI OH 45224

Plaintiff(s)

in the Hamilton County, COMMON PLEAS CIVIL Division,
AFTAB PUREVAL, 1000 MAIN STREET ROOM 315,
CINCINNATI, OH 45202.

You are hereby summoned and required to serve upon the plaintiff's attorney, or upon the plaintiff, if he/she has no attorney of record, a copy of an answer to the complaint within twenty-eight (28) days after service of this summons on you, exclusive of the day of service. Your answer must be filed with the Court within three (3) days after the service of a copy of the answer on the plaintiff's attorney.

Further, pursuant to Local Rule 10 of Hamilton County, you are also required to file a Notification Form to receive notice of all future hearings.

If you fail to appear and defend, judgement by default will be rendered against you for the relief demanded in the attached complaint.

Name and Address of attorney
JAMES S ARNOLD
8833 CHAPELSQUARE LANE
SUITE C
CINCINNATI OH 45249

AFTAB PUREVAL
Clerk, Court of Common Pleas
Hamilton County, Ohio

By RICK HOFMANN
Deputy

Date: October 21, 2020



D130108118



**AFTAB PUREVAL
HAMILTON COUNTY CLERK OF COURTS**

COMMON PLEAS DIVISION

**ELECTRONICALLY FILED
October 20, 2020 10:39 AM
AFTAB PUREVAL
Clerk of Courts
Hamilton County, Ohio
CONFIRMATION 997172**

PARIS PHILLIPS

A 2003671

vs.

**SUN LIFE ASSURANCE
COMPANY OF CANADA**

**FILING TYPE: INITIAL FILING (IN COUNTY) WITH NO JURY
DEMAND**

PAGES FILED: 7

EFR200

**COURT OF COMMON PLEAS
HAMILTON COUNTY, OHIO**

Paris Phillips	:	Case No.
7383 Commonwealth Drive	:	
Cincinnati, Ohio 45224	:	
	:	
Plaintiff,	:	COMPLAINT
Vs	:	
	:	
Sun Life Assurance Company of Canada or	:	
Sun Life Financial (U.S.) Services Company, Inc. or	:	
Sun Life Capital Management (U.S.) LLC or:	:	
Sun Life Administrators (U.S.), Inc.	:	
	:	
Serve-CT Corporation System, Statutory Agent	:	
4400 Easton Commons Way, Suite 125	:	
Columbus, Ohio 43219	:	
	:	
Defendants.	:	

Now comes Paris Phillips "Plaintiff" and for his complaint state as follows:

NATURE OF THE ACTION

1. This is an action brought by Plaintiff as a beneficiary of a Group Life Insurance Benefit that flows from his Mother's (Nicole Powell) Death under a policy she had with Sun Life Assurance Company of Canada through her employment at Fifth Third Bank in Hamilton County, Ohio. A copy of her death certificate is attached hereto as exhibit A.
2. This action is to enforce Plaintiff's right to his share of the death benefit under group policy number 202008 as his mother died on or about April 21, 2014 and Plaintiff has filed a claim for the death benefit and Defendant's have refused to pay the claim. Defendants are in possession of the actual policy.

INTRODUCTION AND BACKGROUND

3. Plaintiff is a named beneficiary under group policy 202008 and is entitled to a declaration that he is entitled to his share of \$227,644.52 with interest from September 24, 2014.
4. Defendants have refused to pay the claim and instead have forced Plaintiff to file this action to receive his rightful benefit.
5. Defendants have intentionally and purposefully withheld from Plaintiff his benefit and have done so for no proper purpose.
6. Jurisdiction and venue are properly lodged in this Court under O.R.C. §2305.01 and Rule 3(B) (3) of the Ohio Rules of Civil Procedure.

FIRST CAUSE OF ACTION-DECLARATORY JUDGMENT

7. Plaintiff incorporates paragraphs 1 through 6 above as if fully rewritten herein.
8. Plaintiff seeks a declaration of his rights under the group policy of life insurance identified above under O.R.C. §2721.01-21.
9. When the court determines Plaintiff is entitled to the benefits he is being denied by Defendants, he is also entitled to attorney fees under O.R.C. §2721.16.

SECOND CAUSE OF ACTION-Civil Conspiracy

10. Plaintiff incorporates paragraphs 1 through 9 above as if fully rewritten herein.
11. The Defendants, in furtherance of the conspiracy to unlawfully withhold the benefits of Plaintiff for the purpose of harming Plaintiff acted with the intent to harm Plaintiff.

13. Plaintiffs have been harmed by the civil conspiracy of Defendants entitling Plaintiff to an injunction and money damages.

THIRD CAUSE OF ACTION-Theft By Deception

14. Plaintiff hereby incorporates paragraphs 1 through 13 above as if fully rewritten herein.

15. Defendants obtained and maintained dominion and control over the property of Plaintiff by Deception and have refused to pay the same to Plaintiff in violation of O.R.C. §2913.02(A)(3).

16. Plaintiff is entitled to his property from Defendants and to full damages, the costs of maintaining this civil action, attorney's fees and punitive damages against defendants under O.R.C. §2307.60.

FOURTH CAUSE OF ACTION-Ohio Corrupt Activity/RICO Claim

17. Plaintiff hereby incorporates paragraphs 1 through 16 above as if fully rewritten herein.

18. At all times relevant, Defendants joined together and associated as an enterprise, as defined in Ohio Revised Code Section 2923.31 (C).

19. Defendants obtaining and using Plaintiff's property is a corrupt activity, as defined in Ohio Revised Code Section 2923.31(I)(2)(c).

20. At all times relevant, Defendants engaged in a pattern of corrupt activity, as defined in Ohio Revised Code Section 2923.31(E).

21. Defendants knowingly obtained and used property of Plaintiff in violation of Ohio Revised Code Section 2913.02 and conducted or participated in, directly or indirectly, the affairs of this enterprise and the enterprise through the above and below described pattern

of corrupt activity.

22. Additionally and alternatively, Defendants knowingly have received and retained the sums from Plaintiff without any legal reason to do so.

23. As a result of Defendants conduct, Plaintiff is entitled to all remedies available under Ohio Revised Code 2923.34.

FIFTH CAUSE OF ACTION-Other Claims

24. Plaintiff incorporates paragraphs 1 through 30 above as if fully rewritten herein, to the extent necessary for the claim set forth herein.

25. Civil Rule 8 does not require Plaintiff to specify every cause of action against the above referenced parties that may arise from the facts alleged in this pleading. The rule only requires that the Plaintiff allege facts that support any cause of action against the above referenced parties. Plaintiff intends to pursue all claims arising from the allegations of this complaint, even if they have not labeled or identified every cause of action, or may be revealed through discovery. Therefore, Plaintiff may request leave to amend her complaint in the future.

WHEREFORE Plaintiff demands judgment against Defendants as follows:

1. A declaration that he is entitled to his share of \$227,644.52 and interest from April 21, 2014;
2. An award of compensatory damages in an amount to be determined at trial;
3. An award of treble and/or punitive damages, in an amount to be determined at trial starting at one million dollars;
4. An award of all costs and reasonable attorney's fees incurred in this action as a result of Defendants' violation of law; and

5. All other legal or equitable relief to which Plaintiff may be entitled.

/s/ James S. Arnold
James S. Arnold (0061683)
George M. Parker (0046664)
Attorneys for Plaintiff
8833 Chapelsquare Lane, Suite C
Cincinnati, Ohio 45249
(513) 984-8313
Fax (513) 984-8480
jarnold@jarnoldlaw.com

PRAECIPE TO THE CLERK

Please serve by summons and certified U.S. mail return receipt requested a true and accurate copy of this complaint upon the following:

Sun Life Assurance Company of Canada

Serve-CT Corporation System, Statutory Agent
4400 Easton Commons Way, Suite 125
Columbus, Ohio 43219

Sun Life Financial (U.S.) Services Company, Inc.

Serve-CT Corporation System, Statutory Agent
4400 Easton Commons Way, Suite 125
Columbus, Ohio 43219

Sun Life Capital Management (U.S.) LLC

Serve-CT Corporation System, Statutory Agent
4400 Easton Commons Way, Suite 125
Columbus, Ohio 43219

Sun Life Administrators (U.S.), Inc.

Serve-CT Corporation System, Statutory Agent
4400 Easton Commons Way, Suite 125
Columbus, Ohio 43219

/s/ James S. Arnold
James S. Arnold (0061683)

Reg. Dist. No. 31

Primary Reg. Dist. No. 3100

Registrar's No. 3100-2014001576

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

Type or print in permanent blue or black ink

State File No. 2014036611

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) NICOLE ADLEN POWELL		2. Sex Female	3. Date of Death (Mo/Day/Year) April 21, 2014
4a. Age (Years) 33	4b. Under 1 Year Months Days	4c. Under 1 day Hours Minutes	5. Date of Birth (Mo/Day/Year) August 15, 1980
6. Birthplace (City and State of Foreign Country) CINCINNATI, OHIO		7. Birthplace (City and State of Foreign Country) CINCINNATI, OHIO	
8a. Residence State OHIO	8b. County HAMILTON	8c. City or Town CINCINNATI	
9a. Street and Number 1564 Babarea Terrace	9b. Apt. No. 4	9c. Zip Code 45223	9d. Inside City Limits? Yes
10. Marital Status at Time of Death Never Married		11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
12. Decedent's Education COLLEGE, BUT NO DEGREE		13. Decedent of Hispanic Origin No	
14. Decedent's Race Black		15. Father's Name EDWARD LARKIN JR	
16. Mother's Name (prior to first marriage) ADLEN J POWELL		17a. Relationship to Decedent Mother	
17b. Mailing Address (Street and Number, City, State, Zip Code) 10021 Lakeside Drive		17c. Mailing Address (Street and Number, City, State, Zip Code) CINCINNATI, OHIO 45231	
18a. Place of Death Hospital - Emergency Room / Outpatient		18b. Facility Name (If not institution, give street & number) Mercy Hospital West	
18c. City or Town, State and Zip Code GREEN TOWNSHIP, OH 45211		18d. County of Death HAMILTON	
19. Signature of Funeral Service Director or Other Agent <i>Timothy Ingram</i>		20. License Number (of licensee) 007322	
21. Name and Complete Address of Funeral Facility THOMPSON, HALL & JORDAN		21. Name and Complete Address of Funeral Facility FUNERAL HOME	
22a. Method of Disposition Cremation		22b. Date of Disposition April 29, 2014	
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Baxter Cremation Service		22d. Location (City/Town and State) CINCINNATI, OH	
23. Registrar's Signature <i>Timothy Ingram</i>		24. Date Filed 4-25-14	
25a. Name of Person Issuing Burial Permit INGRAM, TIMOTHY I		25b. District No. 3100	
25c. Date Burial Permit Issued 4-25-14		25d. Was case referred to coroner? Yes	
26a. Time of Death 1506		26b. Date Pronounced Dead (Mo/Day/Year) 04/21/2014	
26c. Signature and Title of Coroner <i>William C. Ralston</i> Acting Coroner		26d. License number 35.092127	
26e. Date Signed 4/24/14		26f. Date Signed 4/24/14	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: RALSTON, WILLIAM C, 3159 EDEN AVE. CINCINNATI, OH 45219			
28. Part I: List the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.			
Immediate Cause (Final disease or condition resulting in death)	a. Pending	Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
29. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. Was an Autopsy Performed? Yes		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Yes	
30. Did Tobacco Use Contribute to Death? No		31. If Female, Pregnancy Status UNKNOWN	
32. Manner of Death Pending Investigation		33. Injury at Work? No	
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work?

EXHIBIT

tabbies

A

Reg. Dist. No. 3100

Ohio Department of Health
VITAL STATISTICS

State File No. 2014036611

Registrar's No. 3100-2014001576

Supplementary Medical Certification

831056

Name of Deceased NICOLE ADLEN POWELL			
Place of Death Hospital - Emergency Room / Outpatient		Date of Death April 21, 2014	
23. Registrar's Signature <i>Timothy Ingram</i>		24. Date Filed 6-9-2014	
<input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
25a. Time of Death 1506		25b. Date Pronounced Dead (MO/Day/Year) April 21, 2014	
26. Signature and Title of Coroner <i>William H. ...</i> Acting Coroner		27. License Number 35,092127	
28. Date Signed 6/6/14		29. Was Case referred to Coroner? Yes	
30. Name (Last, First, Middle) and Address of Person who Completed Cause of Death RAESTON, WILLIAM C, 3159 EDEN AVE., CINCINNATI, OH, 45219			
31. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or brain failure. List only one cause on each line. Type of and in parentheses (if death is due to trauma). ACUTE PULMONARY THROMBOEMBOLISM			
Approximate Interval Between Onset and Death BRIEF			
32. Part II. Enter the conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (disease or injury that initiated events resulting in a death) Obesity			
33. Was an Autopsy Performed? Yes			
34. Were Autopsy Findings Available Prior to completion of Cause of Death? Yes			
35. If Female, Pregnancy Status UNKNOWN			
36. Manner of Death Natural			
37a. Date of Injury (MO/Day/Year) No		37b. Time of Injury	
37c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		37d. Injury at Work?	
38. Describe How Injury Occurred:			
39. If Transportation Injury, Specify:			

HEA 2752
Rev. 01/03THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS
Required by section 3703.27 of the Ohio Revised Code

831056



2014036611